



Alabama Department of Mental Health  
 Division of Mental Health and Substance Abuse Services  
**Prevention Staff Observation Form**

**1. RAPPORT WITH TARGET AUDIENCE:**

**Excellent**

**Good**

**Fair**

**Unacceptable**





**Required Feedback:** \_\_\_\_\_

**2. DELIVERY AND ACCURACY OF INFORMATION:**

**Excellent**

**Good**

**Fair**

**Unacceptable**





**Required Feedback:** \_\_\_\_\_

**3. AWARENESS AND SENSITIVITY TO CULTURAL RESPONSIVENESS:**

**Excellent**

**Good**

**Fair**

**Unacceptable**





**Required Feedback:** \_\_\_\_\_

**4. ACTIVITIES ARE RESPONSIVE TO THE DEVELOPMENTAL NEEDS OF THE TARGET AUDIENCE:**

**Excellent**

**Good**

**Fair**

**Unacceptable**





**Required Feedback:** \_\_\_\_\_

**Staff Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Location/Site:** \_\_\_\_\_

**Evaluator (Print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

For the purpose of performance improvement, direct observation of prevention staff during service provision is required twice during the fiscal year. Written feedback for all (4) items is required.